								:					
	CLAIMS ONLY					***********		Number 71	5216	Filin	g Date		•
							Applicant(s)						
CLAIMS	AS FILED		AFTER FIRST . AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or a				ndments	•	
1	Indep	Depend	Indep	Depend		epend	51	Indep	Depend	Indep	Depend	Indep	Depend
2 3			1				52 53	-					
5				/			54 55						
6 7 8							56 57 58	:					
9			1				59 60						
11 12			/				61 62	· ·					
13 14							63 64		· ·				
15 16 17			lacksquare				65 66 67						
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26 27 28			/	_			76 77 78						
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Total Indep		'	4				Total Indep		\top				
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Total Claims			10				Total Claims						